



Referred by Dr. _____

Patient Name _____ Phone _____

Reason for referral:

- Full Mouth Exam
- Implants
- Complete Dentures
- Full Mouth Rehabilitation
- Porcelain Veneers
- Other _____

We are sending the patient's files by E-Mail With Patient Regular Mail

- FM X-RAYS
- PA X-RAYS
- BW X-RAYS
- Diagnostic Models
- Take necessary X-RAYS

Special Instructions _____

Dr. Signature _____ Date _____

4548 Bissonnet Street, Ste.300, Bellaire, TX 77401 • Phone (713) 664-1661 Fax (713) 664-1140

2360 County Road 94, Ste.110, Pearland, TX 77584 • Phone (713) 436-7697 Fax (713) 436-7698

www.houstondentalimplantcenter.com

Your initial visit will take approximately one hour. When you arrive, our receptionist will ask you to complete a personal information form. Bring along insurance information for use in completing this form. Your personal information will not be shared without your permission.

During the initial visit, you will receive a thorough oral examination, x-rays will be taken, if needed, and we will discuss the course of treatment best suited to you.



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Often, insurance companies require a formal referral to see a specialist. This form will come from your dentist. Please check with your insurance company regarding your need for a referral. Our staff can discuss financial options and will work with you to file insurance claims.

If you have any questions about your appointment, please do not hesitate to call our office. We look forward to meeting you.

